IGNITE CAMP 2026

THEME: GODLY KID, GODLY HEART

Lessons From the Life of David

Sean Baskin, Camp Pastor

Mark Harpold, Camp Director

1 Samuel 16:7

ONE TRUE KING, Worship Band

NIGHT THEMES

NIGHT 1-JERSEY JAM **NIGHT 2-CAM0** **NIGHT 3-DISCO DAYZ**

DAY1

2:00PM	ARRIVAL, CABIN SET-UP, AND POOL SWIM TEST
3:00PM	**ONE** SPONSOR TO LOWER WORSHIP CENTER FOR ORIENTATION
4:00PM	JUMP START! IN UPPER WORSHIP CENTER-EVERYONE
5:30PM	DINNER
6:30PM	WORSHIP TIME! (WORSHIP CENTER)
8:00PM	BREAK TIME/SNACK BAR OPEN
9:00PM	PARTY BASH! IN THE WORSHIP CENTER!
9:45PM	NIGHT SWIM ROTATIONS/SPONSOR-LED FREE TIME
10:30PM	CABIN CHECK
10:45PM	LIGHTS OUT!

DAY 2-3

8:00AM	BREAKFAST
8:45AM	JUMP START! IN THE WORSHIP CENTER
9:30AM	MORNING FUN TRACKS
12:00PM	LUNCH
12:45PM	CABIN CHECK-DEVOTION TIME
1:45PM	AFTERNOON FUN TRACKS
4:15PM	CABIN CHECK-CLEAN UP-CHURCH DEVOTION TIME
5:30PM	DINNER
6:30 PM	WORSHIP TIME!
8:00PM	BREAK TIME/SNACK BAR OPEN
9:00PM	PARTY BASH IN THE WORSHIP CENTER!
9:45PM	NIGHT SWIM ROTATIONS/SPONSOR-LED FREE TIME
10:30PM	CABIN CHECK
10:45PM	LIGHTS OUT!

DAY4

8:00AM	BREAKFAST
8:45AM	PACK UP AND HEAD HOME

ALL CHURCHES MUST DEPART BY 9:00AM!

Sponsors, be sure to check cabins for any articles left behind, any clothing/towels and please pick up trash and place it in trash cans before leaving. Remember! The camp staff will **immediately** begin to prepare for the next camp coming in next!

THINGS TO KNOW!

Here is some information that you might like to know!

THEME OVERVIEW-Working under the theme of Godly Kid, Godly Heart, the Camp Pastor will be pulling daily narratives from the life of David.

CAMP NURSE-A licensed nurse will be on staff for each camp and is available 24 hours a day. The nurse's station is located next door to the cafeteria. CAMP NURSE contact information will be given out during the orientation meeting. The CAMP NURSE will be available at the Dining Hall during meal times and the Worship Center at night to administer medications required during those time periods.

CAMP SCHEDULES-Copies will be provided to all adult Sponsors and made available in strategic areas around the camp. Scheduling is subject to change and we will inform you at orientation the first day

NO DRIVING-Please keep vehicles off the camp roads except in the case of an emergency. Golf carts are **ONLY** to be driven by Camp Staff or **ADULT** Camp Sponsors. Student campers are only to ride on golf carts due to medical need or in the case of an emergency.

CAMP T-SHIRTS-Camp I-shirts will be distributed to Camp Sponsors during the orientation. These are to be worn on the **LAST** night of camp!

WATER-We are asking that each individual church bring their own cases of bottled water. WATER STATIONS will be set up around camp so that water is always available to all campers. Along with the popular popsicles!

DINING HALL-The food is delicious and all you can eat! If going back for seconds, take the plate to the cleaning station and use a new plate for seconds. Hand sanitizer stations are available before entering the dining buffet line.

SAFETY-This is one of our highest priorities at Children's Camp. Camp Staff will always be on the alert for anything and anyone unusual during our camp sessions. Make a plan with your sponsors to do name/face checks with your campers as you travel to, arrive at and leave each activity. If any sponsor sees any camper from any church in a location they should not be in, engaged in any activity deemed inappropri1te or attempting to access any off-limit areas, please intervene. Help that camper be returned to his/her Sponsor and church group. If you become aware of any person or situation that appears questionable, please immediately contact anyone on the Camp Staff or Association Team.

SWIM TEST-Once campers have set up in the cabins, have them change and go to the Pool to do their swim test so they may swim in the deep end and use the diving board. This allows for more swim time the next day! Remember cover ups!

LAKEFRONT-All activities will be operational. Some type of SWIM SHOE is highly encouraged!

WORSHIP TIME-This is a fun and engaging lime of worship for all campers where Praise and Worship and looking at Bible scriptures will enlighten and challenge all campers on an age-appropriate level. Campers should bring their Bibles to the nightly Worship time.

SALVATION/DECISIONS-Decision time will never be high pressure for the campers, but there will definitely be opportunities for campers to pursue a first-time relationship with Christ. Tools to aid in decision counseling will be provided to Adult Sponsors for use outside of the Worship time if needed.

FISHING-The fishing option will be open for individual use. Fishing poles are available in the Gift Shop, but not bait. Any campers **MUST** be accompanied by a Camp Sponsor at all times while fishing.

THE RANGE-This year there is some change to rules because of insurance for the camp. The actual AXE THROW will only be for 6th graders who are 12 years of age and above. Have your list ready so you'll know. There will be a lane for them. All other ages will be using velcro type axes. The BB guns and Archery are still the same.

PRAYER MOUNTAIN-Prayer Mountain is available for church group hikes or smaller groups with a Camp Sponsor.

SNACK SHACK, GIFT SHOP, VENDING MACHINES-The Snack Shack and Gift Shop are open at specific times being **CASH ONLY.** All of the proceeds for these entities go toward the New Worship Center Fund!!

PARTY BASH-Theme nights that you can dress up and enjoy all the fun planned by the Camp Team!

CHURCH DEVOTIONS-Each church should meet together at some point during the day to reflect upon the day's activities and inform campers of any information you may need to pass along to them.

CABIN CHECKS-Sponsors will confirm all campers are in their cabins and prepare for next activities or bed time.

Ignite Children's Camp

WHAT TO BRING:

Bible

4 sets of clothing appropriate for Children's Camp

Comfortable shoes for walking

Water shoes for the Lakefront activities

Swimsuit and Beach towel

Sleeping bag or sheets and blanket and a pillow

Towels and washcloths

Body soap, shampoo, hairbrush, toothbrush and toothpaste

Label **ALL** items with the camper's name!

SPENDING MONEY

A spending money amount of $30 is recommended. That would include $15 for snacks and $15 for the gift shop. The Snack Shack will be open in the evening during the break after worship for campers to purchase ice cream, slushes, sodas and candy. The Gift Shop offers all kinds of items for campers to purchase and all the proceeds go back into improvements made to the camp!

IGNITE CHILDREN'S CAMP 2026 CHECKLIST

__ Submit **REGISTRATION DEPOSIT FORM** by **June 5, 2026.** A deposit of $50 per camper and sponsor is required. Reservations are on a first-come, first-served basis. As long as space Is available you may register additional campers through **June** 19, **2026.** Please confirm with Tiffany at the Association office that space is available. After **June** 19, **2026,** only same sex substitutions will be allowed as long as your individual church has a placement.

___ Submit the **T-Shirt** & **Tally Form** to Tiffany at the Association office by **June 5, 2025.** This will include a breakdown of numbers of boy campers, male sponsors, girl campers and female sponsors for cabin assignments.

___ Recruit at least one (1) male sponsor for every 10 boy campers and one (1) female sponsor for every 10 girl campers. They **MUST BE** 18 years of age or older to be a sponsor.

___ Complete a **Background History Check** for each sponsor who will be attending camp. A copy for each individual sponsor's report showing the date (between July 21, 2025 and July 21, 2026) and clearance will need to be sent to Tiffany at the Association office by **June** 19, **2026.** If you need Lakeview Camp to run your checks for you they can do this at a cost of $10 per person, but they must meet the **June** 19, **2026** deadline. The form for that process will be in the camp packet. Also, each sponsor must have current **Child Protection Training.** This can be completed at www.lba1948.com/child_protection_training just follow the directions. This training is required every two (2) years by the camp start date.

___ Have a **COMPLETED** LAKEVIEW BAPTIST ASSEMBLY MEDICAL INFORMATION/ CONSENT/AGREEMENT TO PARTICIPATE FORM, the OVER THE COUNTER MEDICATION PERMISSION FORM for every child/sponsor camper attending camp, and the MEDICATION RELEASE/ADMINISTRATION FORM, for every child/sponsor camper who will take Perscription medication at camp. No one may attend camp without these forms. Each **prescription** medication will have its own form, be in the original container with the camper/sponsor name and dosage instructions on the container and be in individual Ziploc bags with the camper's name written clearly on the outside. These will be given to the CAMP NURSE.

___ Have the original of the above forms for the sponsor in charge with them at camp, provide a copy to be given to the Camp Office, and provide a copy to be given to the Camp Nurse, both copies will be given to the Camp Nurse. Have **one** sponsor take these to the nurse's station during check in.

___ Provide a copy of the CAMP INFORMATION SHEET which includes the camp rules, dress code and what may/may not be brought to camp to all the campers and adult sponsors. Please review all of this information with your campers and church sponsors.

___ Before you depart for camp, complete your Church Payment Form which indicates your camper/sponsor total amount, the deposit paid amount and the amount due to the camp. Please present payment with a single check made out to: **Bowie Baptist Association.**

___ Plan your departure to arrive **no earlier** than 2:00pm on your check-in day. Check-in is open from 2-3:00pm and there will not be any early arrivals allowed so that the Lakeview Staff can complete preparing the camp for us and the Camp Team can be prepared to welcome you at 2:00p.m. If you arrive any earlier, please wait in line at the front gate until you are checked in with the Camp Team and we give you directions for arrivals.

— There will be an orientation meeting in the Lower Worship Center at 3:00pm with **ONE** church leader/sponsor led by the Ignite Children's Camp Team and the Camp Staff. All child campers and sponsors will then meet in the Worship Center for Jump Start! at **4:00** pm that will introduce them to all the exciting things that camp will provide for them.

___ Watch for updated information and instructions on the Ignite Facebook Page and emails from the Association Office. **SPONSORS MUST COME PREPARED TO ASSIST THE CAMP TEAM WITH ALL OF OUR CAMP ACTIVITIES.** Sponsor participation is the key to making this the best camp ever for these young campers! Any questions may be directed to Tiffany at 903-831-5140 or office@bowiebagtist.com

IGNITE CHILDREN'S CAMPT-SHIRT ORDER FORM & TALLEY SHEET

CHURCH NAME. _____

PRIMARY CONTACT NAME. _____

PRIMARY CONTACT PHONE NUMBER. _____

PLEASE SUBMIT THIS FORM TO TIFFANY AT: office@bowiebaptist.com BY **JUNE 5, 2026.** REMEMBER! CAMPERS REGISTERED AFTER THIS DATE ARE NOT GUARANTEED A T-SHIRT!

CAMPERS	MALE	FEMALE	TOTAL
STUDENTS			
SPONSORS			
TOTAL			

SHIRT SIZE	**TOTAL# ORDERED**
YOUTH SMALL	
YOUTH MEDIUM	
YOUTH LARGE	
YOUTH XL	
ADULTS	
ADULT M	
ADULT L	
ADULT XL	
ADULT2XL	
ADULT3XL	

PLEASE SUBMIT THIS FORM TO:
Ignite Children's Camp
%BBA
PO BOX 7740
Texarkana, TX 75505 or email to: office@bowiebaQtist.com

CRIMINAL AND SEXUAL MISCONDUCT RECORDS CHECK
AUTHORIZATION FORM 2026

I hereby authorize Lakeview Baptist Assembly and Conference Center Incorporated, and/or its agents to make an independent inquiry of my background (criminal and sex offender) on me whether local, state, or national. I hereby release Lakeview Baptist Assembly and Conference Center Incorporated, and /or its agents and any person or entity from any and all liability resulting from such disclosure.
(REQUIRED every year) <u>This form must be in camp office at least 2 weeks prior to camp and it costs $10 for Lakeview to run the background check</u>. Lakeview FAX: 903-656-2993

Last Name (printed): _____

First Name (printed): _____

Middle Name (printed): _____

Date of Birth: _____

Social Security Number: _____

Physical Street Number: _____ Street Name (Not P.O. Box): _____ Apt. # _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____

Name of Church: _____

Signature: _____ Today's Date: _____

Please circle the camp(s) you are attending for the summer.
Only one background check is necessary per year.

☐ Mobberly (May 25-29)	☐ NETxtreme (June 5-9)	☐ DCCYC (June 10-14)	☐ Sovereign Life Fellowship (June 14-18)
☐ Cross View & Friends (June 19-24)	☐ Kids United (June 26-28)	☐ New Covenant (July 6-9)	☐ Girls Mission & RA (July 10-13)
☐ Ignite Children (July 17-20)	☐ Camp116 Children (July 21-24)	☐ Faith Explosion #1 (July 24-27)	☐ Faith Explosion #2 (July 27-30)

Child Protection Training (required every 2 years)

Each sponsor must show a certificate of completion for the Child Protection Training that is required by the State of Texas to be a sponsor for a children or youth camp. You need to provide Lakeview with a copy of your certificate of completion. If no proof of completion can be provided, you must go through the Child Protection Training. This training will be provided at the start of or prior to each camp. (**REQUIRED every 2 years)**

☐ 1. I will provide a copy of current Certificate of Completion

☐ 2. No Certificate of Completion but took training provided by Lakeview last year, please check Lakeview's master list. Camp attended here last year _____.

☐ 3. I will need training

☐ 4. I took the training online

FOR ADULT SPONSORS ONLY What is your responsibility while attending camp? _____
Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. (sponsor, camp director, recreational team)

_____ _____
Pastor/Staff Signature PRINT NAME

OVER THE COUNTER MEDICATION ADMINISTRATION

Ignite

Permission Form

I, _____ request that my child, _____ be assisted by the IGNITE Camp Nurse/Medic to receive the following stocked over-the-counter medications as needed during his/her time as a camper at IGNITE Camps.

Please check each medication that your child **CANNOT** receive while at camp.

No medication will be administered without parental permission.

Tylenol*

Ibuprofen

Antacid (Calcium Carbonate)

Cough Drops

1% Hydrocortisone Cream

Triple Antibiotic First Aid Ointment

Benadryl

Other _____

* Tylenol liquid, Jr. Strength chewable and Tylenol Tablets may be interchanged based upon the discretion of the staff and the ability of the camper, unless expressly stated otherwise by parent/guardian.

I, _____ authorize the camp staff to assist our child in taking the oral and/topical medications listed above and agree that we will not hold liable any member of the IGNITE staff who is directed by us (the parents/guardians) to assist our child in taking said oral and/or topical medication.

__ **DO NOT** administer any over-the-counter medications to my child.

Parent/Guardian Signature: _____ Date: __ __ ____

Lakeview Baptist Assembly

P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871

Medical Information/Consent/Agreement to Participate Church/Organization: _____

Participant's Last Name: _____ First Name: _____ Date of Birth: _____ Age: ____ Sex: ___

Address: _____ Social Security Number: _____
(Number & Street) (City & Zip Code)

Parent/Guardian: _____ Address: _____
(If different than participant's – Number, Street, City & Zip Code)

Daytime Phone: _____ Cell Phone: _____ Relationship: _____

Emergency Notification

Name: _____ Relationship: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

Medical Dr. Name: _____ Phone: _____ Dentist Name: _____ Phone: _____

Insurance Company: _____ Name of Insured: _____ Policy # _____

Insurance Address: _____ Phone Number: _____

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: _____

Person permitted to take Participant from camp: _____ Grade Completed: _____

Please include any other information you think we need to know on an extra sheet of paper.

Medical Information

Allergies (List and Explain Reaction): _____

Check any conditions: Diabetes __ Epilepsy __ Asthma __ Heart __ Chest Pain __Thyroid __ Kidney __ Dizziness __ Back pain__

Broken Bones __ Bleeding Disorders __ Operations __ High Blood Pressure __ Any Other Conditions _____

Explanation of the above: _____List Any dietary or Physical Restrictions on back:

Are all immunizations current: Yes ___ No ___ Date of Last Tetanus Shot: _____

List Medications currently being taken: _____

I/we hereby authorize the camp nurse or camp director to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

AGREEMENT TO RULES:

I/we have read the rules for LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC. and I/we agree to abide by these rules. By signing this, I/we understand that if I/we do not abide by these rules, I/we will be held liable for any damage and/or consequences that may arise by my/our negligence to follow the rules.

AGREEMENT TO HAVE PHOTOGRAPH TAKEN:

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. _____

_____ _____
Signature of parent/guardian (if participant under age 18) Date of Signature

_____ _____
Signature of participant Date of Signature

FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?) _____

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. (Sponsor, camp director, recreational team)

_____
Pastor/Staff Signature

Lakeview Baptist Assembly
Camps-Conferences-Retreats

Medication Release/Administration Form

Lakeview requires that all sponsors/campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: _____ Birth date: _____ Sex: _____M _____F
(Month/Day/Year)

Church group student came with _____
(Church Name) (Church City & State)

Name of medication _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____Tablet ____Pill ____Capsule ____Liquid ____Inhalation

____Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

_____ (____) ____ - _____ (____) ____ - _____ _____
Parent/Guardian signature Daytime Phone # (include area code) Evening Phone # (include area code) Date

FOR OFFICE USE ONLY

Day	Date	Time Given/ Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial _____= Name_____
Initial _____= Name_____
Initial _____= Name_____
Initial _____= Name_____

Notes or comments: _____

Ignite Camp Church Payment Form

Church Name _____

Contact Person _____

Contact email/phone number _____

Total #

Male Sponsors _____ Female Sponsors _____

Male Campers _____ Female Campers _____

Total Spots _____

Total Due ($200 x Spots) _____

Minus Deposit - _____

Total Due at Camp _____

Check # _____

Amount _____

Date Received _____

FOR OFFICE USE ONLY-DO NOT FILL OUT

Refund Needed? _____ YES _____NO

Reason if YES _____

Signatures

Church Representative _____

BBA Representative _____